

## *Chapter Two*

# Gender and Minority Issues

Concerns related to the gender, marital, parental, racial, and ethnic status of the Army Nurse Corps officer became more manifest after the Vietnam War. Issues and challenges that may have existed in the past assumed greater significance, generated more attention, sparked heated discussion, and demanded fair resolution. Among these were details relating to male nurses, officers' marital status, spousal benefits, pregnancy, parenting, sexual harassment, racial and ethnic diversity, and discrimination.

In the post-Vietnam era, more and more male nurses filled the ranks of the Army Nurse Corps. In the early days of the Vietnam War, men comprised only 3 percent of the Army Nurse Corps, but between 1973 and 1984 the percentage of male Army nurses rose to 28.4 percent.<sup>1</sup> This development was somewhat surprising because the draft had disappeared and men were no longer compelled by law to serve in the nation's armed forces. Conjecture sought to explain the trend. Some believed male nurses were attracted to the Army Nurse Corps rather than civilian nursing because of the better promotion opportunities that led to improved pay and greater responsibility. Others thought that the prospect of global travel, a generous retirement, and comprehensive health benefits were drawing men away from comparable civilian positions into the ranks of the Army Nurse Corps. Still others believed that the availability of educational programs, both civilian and military, drew male nurses into the Corps.<sup>2</sup> Moreover, many of the men had families to support, and the service provided a comfortable living. The Army then was a traditionally male environment whose ethos undoubtedly appealed as a way of life to male nurses.

As numbers of male nurses grew significantly, several phenomena emerged. First, male officers seemed to gravitate naturally to a few areas of specialty, such as anesthesia, within the Army Nurse Corps. In 1971, 68 percent of all nurse anesthetists in the Army were men.<sup>3</sup> Second, men also opted for careers in health care administration. In 1976, General Madelyn Parks expressed some dismay over this

trend, perhaps surmising that male Army nurses were engineering a takeover of the specialty. When discussing the Health Care Administration Course, the master's preparation for the administrative role offered at the Academy of Health Sciences in conjunction with Baylor University, she noted that there "were only six applications" for five slots in "the course this year." Parks emphasized that only "*one woman* applied." The Corps chief explained that it was her "policy and the desire of the Course Director that the mix in the course of male and female be maintained at the same percentage as the Corps—male, 25%; female, 75%." Parks encouraged chief nurses to identify choice candidates, presumably female, for the course and encourage them to apply. She expressed her preference for 10 to 15 applicants to ensure the quality and proper distribution of the student population.<sup>4</sup> The obvious intent underlying the actual message to chief nurses was to promote more participation by female officers in the health care administration career field. Perhaps with more applicants, more latitude would be available to select the best-qualified applicants for the course in the preferred gender ratio. The evenhandedness and legality of such gender-based quota setting appear dubious and probably would be taboo in today's postmodern era.

A third issue involved discrimination against male nurses by their female counterparts. Male nurses encountered gender intolerance in the civilian side of professional nursing. Luther Christman, a male nurse whose lengthy career was highlighted with important accomplishments, experienced "more barriers than most nurses." Christman attributed the long-standing prejudice he encountered to issues of control and said "women in nursing have fought to retain their power."<sup>5</sup> Nonetheless, reports of workplace discrimination affecting male nurses in the Army were mostly inconclusive. Individual experiences differed. Some men claimed to be victims of bigotry, while others denied experiencing any prejudice. Lieutenant Colonel Carmen F. Riviello was one among many male nurses in the Army who disavowed being the target of minority discrimination. Reviewing his 20 years of Army service, Riviello declared that he "never really encountered any conflict with women Army nurses." Additionally, he added, "neither have any of the men nurses I've known." Riviello asserted that "rumors of conflict are just . . . myth."<sup>6</sup>

Others, however, stated that they definitely felt some degree of discrimination. Lieutenant Colonel Jim Sokoloski reflected:

"I can honestly say that I never had a problem with a patient having me as a male take care of them. That was never a problem. But I can recall some incidents when I was certainly made to feel very uncomfortable by fellow nurses that just were not terribly excited about men being involved in the profession. . . . It wasn't always easy for us."<sup>7</sup>

Sokoloski's level of education exaggerated his minority status. Because he came into the Army when few Army nurses had a bachelor's degree and served when rancor often existed between the diploma graduates and those with an academic degree, Sokoloski received more than a few hostile comments. Diploma graduates would remark maliciously, "You have the degree, you should have all

the answers, you're so well-educated. . . ."<sup>8</sup>

As the professional careers of the first male Army nurses progressed, they attained a number of important landmarks. On 15 June 1967, Captain Lawrence Washington raised his right hand and became the first male Army nurse to be sworn into the Regular Army.<sup>9</sup> Less than 10 years later, or some 20 years after the Army Nurse Corps first opened for men, the first male nurse achieved the rank of colonel. In April 1974, Colonel Lawrence W. Scheffner stood at attention and had colonel's eagles pinned on his shoulders at Fort Sam Houston, Texas.<sup>10</sup>

Although the introduction of greater numbers of male nurses into the Army Nurse Corps was largely a sign of progress, it also created some points of conflict. The same could be said regarding the innovation of allowing married nurses to serve on active duty in the organization. Both single and married Army Nurse Corps officers regularly levied either explicit or implicit accusations against their opposite numbers regarding favoritism in matters such as housing or assignments during the Vietnam War era, particularly when female officers first were allowed to marry and continue to serve in the Army Nurse Corps. The apparent schism between the married and single contingents did not disappear after the war's end. In 1975, Parks spoke about preferential treatment in relation to assignments. First, she publicly declared that the Army Nurse Corps did "not have two Corps—one for single officers and one for married officers." Parks added that she would allow "no cliques or favoritism." She intended that all officers' assignments would "be fair and equal" and that the sole criterion determining every assignment selection would be that the individual chosen would "be the best qualified for the job." Parks continued by affirming that homesteading—or lengthy—successive assignments in the same locale, would not be tolerated. She explained that joint domicile for married officers would be considered whenever possible but also said that there was "not now nor has there ever been a guarantee of *always* being assigned together."<sup>11</sup> The problem persisted and Parks reiterated her stand less than one year later.

In March 1976, the chief of the Corps revealed that she had received numerous requests from married officers asking to have their overseas tours postponed or orders revoked "because their husbands couldn't go or because of young children." Parks reminded all officers that the Corps strength had sunk to extraordinarily low levels and that "all members must take their turn" with hardship assignments. She advised the Corps that "ANC [Army Nurse Corps] officers who cannot or will not meet their service obligations should resign. . . . I cannot have ANC officers who are not deployable immediately." Parks again explained that she "did not want to seem harsh; however, the smaller the Corps gets—the more responsibility each member has to fill any requirement." She affirmed once again that the "single officers will not and cannot do all of the overseas duty."<sup>12</sup> Maintaining a fair and impartial assignment policy was never simple.

Concerns grew about fair-mindedness in the treatment of married and single Army nurses. For example, significant inequities existed overseas and in the continental United States in both on-post and off-post housing, an important facet of



The career of Major Lawrence W. Scheffner was distinguished by many achievements. Here he sits for a portrait as the first male Army nurse assigned to the Office of The Surgeon General on 21 January 1965.

Photo courtesy of Army Nurse Corps Archives, Office of Medical History, Falls Church, VA.

military living. In 1976, when approximately 60 percent of the Army Nurse Corps was single and 78 percent were company grade officers, regulations specified all bachelor lieutenants and captains to live on post whenever bachelor officer quarters were available. Often the quarters available were substandard in some manner because the Office of the Secretary of Defense cut the services' military construction budgets for a number of years to finance the Vietnam War. In Europe, for instance, only Bremerhaven and Berlin had "adequate bachelor quarters." Approximately 50 percent of the bachelor officers living in Germany resided on the local economy "at great personal expense," as rental costs were exorbitant and acquiring furnishings was problematic, since bachelors were not allowed to ship their own furniture overseas. In Korea, conditions in bachelor officer quarters were "deplorable." Typically, one officer was housed in a 9' x 7' room, and four to five officers shared one commode and shower. Fire hazards abounded and general maintenance and repair were substandard in the cramped Korean War era hooches.

In the continental United States, if no on-post bachelor quarters were available, the officer had to live off post, again at significant expense that often exceeded the quarters allowance. In some cases, when on-post quarters became available, the post billeting officer directed the bachelor officer to move into the bachelor officer quarters. Then a troublesome and expensive downsizing that involved the disposal of personal effects and furnishings became imperative.<sup>13</sup>

Inequities also existed in the prescribed length of overseas tours for bachelor and married officers in the Army Nurse Corps. Regulations specified disparate tour lengths for various categories of officers. Before 1 January 1976, single women served 24 months in a long-tour area (primarily Europe and Hawaii), while single men were obliged to remain overseas for 36 months. Parks argued that all bachelor officers regardless of gender should serve 24 months in long-tour overseas assignments.<sup>14</sup> However, her appeals fell on deaf ears. After 1 January 1976, the secretary of the Army ordered all bachelors to serve the same amount of time, usually 36 months, in an overseas assignment, the same tour length served by married officers who were accompanied by their dependents. Married officers who did not elect to have their families accompany them overseas, however, were allowed to serve a shorter tour. The Army Nurse Corps observed that the new policies governing overseas assignments were equally "discriminatory and obsolete" because it cost the government far more to move and maintain entire families overseas, and so married officers should serve for a longer term overseas. Furthermore, bachelor officers on an overseas tour were separated from their immediate families and had to endure other impositions such as limited weight allowances for hold baggage and inequitable housing benefits. As a result of the discriminatory practices, morale suffered and bachelor officers left the service.<sup>15</sup> Ultimately, the Department of Army set the usual assignment for all officers in long-term overseas areas at 36 months.

Another area of concern that generated considerable deliberation was service-member's pregnancies. The Army Nurse Corps had to make major adjustments

when confronted with the Department of the Army's evolving pregnancy policy in the 1970s. Early in the decade, when a sweeping change in policy was imminent, the Army Nurse Corps required all individuals—both men and women—who applied for any procurement program to sign an affidavit that confirmed a “participant’s or officer’s understanding that his dependents [would] not interfere with the performance of duties expected of him.” This written affirmation was predicated on the belief that with “a female officer who has infant or minor children, a conflict of responsibilities can almost inevitably occur.”<sup>16</sup> When the Army allowed pregnant officers to submit waivers to remain on active duty, General Lillian Dunlap ensured that “there was no blanket approval.”<sup>17</sup> Instead, each waiver request was reviewed on a case-by-case basis. The main criterion considered was whether—based on past performance—the pregnant Army nurse would be able “to manage her affairs after the baby was born.” If the answer was yes, the Army Nurse Corps retained the nurse. If senior leaders judged that the pregnant nurse could not cope with both a military career and parental responsibilities, then the waiver was not approved.<sup>18</sup> In fiscal year 1972, 35 Army nurses requested a waiver for pregnancy. The Army Nurse Corps approved 16 for retention and disapproved the others.<sup>19</sup> As time passed, Army policy allowed all pregnant Army nurses to remain in service automatically, a decision that ignited a firestorm of controversy among military and civilian men and women. The decision begged the contentious question of maternity leave.

Intense debate within the Army Nurse Corps centered on how much maternity leave commanders should grant, whether morning sickness dictated relief from duty, and whether maternity leave should be deducted from the officer's quota of 30 days' annual, ordinary leave or whether it should be deemed convalescent leave and not subtracted from annual leave. Here Dunlap's perspicacity tempered with compassion prevailed. She took the flexible position that maternity leave should be granted on an individual, as-needed basis at the discretion of the physician and should be regarded as standard convalescent leave. To those who disagreed, Dunlap countered, “Why not make [the] husband take his annual leave and take care of the baby if the nurse's condition was such that she could return to active duty?”<sup>20</sup> By 1976, the Department of Defense (DoD) policy prescribed four weeks of convalescent leave before delivery and six weeks after the child's birth.<sup>21</sup> In 1977, the Department of the Army again revised the regulation to remove overly rigid guidelines mandating a specific time for pregnancy leave before delivery. Instead, the exact point at which a pregnant servicemember was to begin leave was to “be based on medical indications for work stoppage.” After discharge from the postpartum ward, the convalescence period was not to exceed six weeks.<sup>22</sup>

The pregnancy policy change created a military force that included a variable percentage of pregnant members at any one time and thus potentially affected the ability of the Army Nurse Corps to achieve its mission of providing nursing care. In July 1976, for instance, a total of 71 Army Nurse Corps officers were at some stage of pregnancy, either antepartum or postpartum. Pregnancy leave for those 71 Army nurses totaled 623 working days. The significant number of lost work-



days and other military contingencies had profound repercussions on the Army Medical Department's mission.

The new policy produced "innumerable complaints," including many describing a negative influence on unit readiness, deployability, and mission accomplishment. Commanders and chief nurses reported excessive absences resulting from morning sickness, hospital appointments, and other excuses. Furthermore, pregnant servicewomen physically could not fulfill many—if not most—of their job responsibilities, were considered nondeployable, and, because of their temporary medical conditions, the command could not obtain interim staffing replacements. Reports also cited repeated instances where the servicemember requested separation from the service after completing her six-week postpartum convalescent leave, during which time she had received her full pay and allowances. There was an overall effect on Army Nurse Corps morale. Colonel Edith Nuttall, the assistant chief of the Corps, said that "non-pregnant military members do not appreciate providing coverage for absences, assuming extra duties, or accepting overseas assignments generated by pregnant servicewomen."<sup>23</sup>

In response to the pregnancy/parenthood issues and arguable abuses, the Department of the Army issued guidance directing commanders to deal with relevant substandard performance on the part of pregnant servicewomen by applying "normal leadership methods." Ultimately, the directive advised, commanders should encourage members displaying recurring nonproductivity and/or inability to deploy for mission-related assignments to seek hardship discharges. It concluded:

Each member must be able to carry his/her own weight, must have individual assignment mobility to meet the needs of the Army, and must make a meaningful contribution to unit readiness and mission accomplishment.<sup>24</sup>

A survey conducted by the Health Services Command Inspector General Team offered a slightly different picture of grassroots attitudes toward the Army pregnancy policy. Investigators drew their relatively small survey sample from five military treatment facilities in the continental United States. They distributed a total of 74 questionnaires, and 70 were returned. When queried, 69 percent of the small sample felt that their coworkers' pregnancies did not adversely affect morale. When asked about the policy's effect on patient care delivery, 57 percent replied that the pregnancies had no impact on mission accomplishment. Respondents were almost evenly split in their opinions about the need for policy change regarding pregnancy. Those who advocated a change in policy suggested a range of possibilities from "the commander should be more aggressive in eliminating abuses of quarters and convalescent leave" to "pregnant females should be discharged."<sup>25</sup>

In a related issue, some in the Army undoubtedly concluded that certain female soldiers or Army Nurse Corps officers used pregnancy to evade their service obligations for scholarships and other subsidies. These abuses may have existed because the Army subsequently issued regulations and changes effective 1 May 1978 mandating that pregnant female officers, usually Reserve Officers' Training

Corps (ROTC) scholarship graduates, could not be released from active duty before completion of their initial service obligations. Moreover, regulations required commanders to counsel all pregnant personnel in accordance with a specified Department of the Army circulated checklist. The list detailed the options available for the pregnant officer to continue on active duty, maternity care entitlements, and existing maternity leave and overseas deployment policies. Finally, the regulation required the pregnant soldier “to outline how she [would] physically and financially provide for the child’s welfare.”<sup>26</sup> Clearly, this was the genesis of what was later known as the “family care plan,” a commonsense blueprint outlining plans for discharging familial responsibilities in the case of a deployment; updating it would eventually become an annual requirement for all servicemembers with dependent children.<sup>27</sup>

Like the complicated issues of pregnancy, standards regarding the identification and management of sexual harassment also had to be defined. Across the centuries, sexual harassment in the Army—indeed in American society—has been a constant major problem. With the women’s liberation movement and the enlistment of many more women into the Army, however, consciousness about such transgressions was elevated, and DoD acknowledged that sexual harassment in its various forms was a serious issue. The Army defined sexual harassment as “unwelcome sexual advances, requests for sexual favors, or verbal or physical conduct of a sexual nature.”<sup>28</sup> It characterized its outcomes as including adverse effects on readiness and the accomplishment of a unit’s mission. It also affirmed that it lowered “unit cohesion, morale, and productivity, and [increased] attrition rates, lost time, unacceptable costs, and human misery.”<sup>29</sup> To deal with harassment issues, the secretary of the Army announced his commitment on 4 January 1980 to uphold “the human dignity of all military and civilian personnel.” The Army chief of staff simultaneously ordered the Army inspector general to investigate all alleged incidents of sexual harassment. By 1981, evidence suggested that sexual harassment contributed significantly to decisions by first-term Army women to leave the service.<sup>30</sup> Without doubt, such harassment also had been a problem for Army Nurse Corps officers.

A series of incidents surfaced in the early 1990s when female anesthesia students in the clinical phase of their training at William Beaumont Army Medical Center in El Paso, Texas, alleged that they were the victims of sexual harassment. They stated that male faculty and staff made reference to their “behavior being the result of having ‘periods,’ child care problems, and the performance of menial tasks as being womanly duties.” These same students alleged that they were “treated unfairly by being reprimanded for actions which when committed by their male classmates do not result in retribution from faculty.” Other students raised a related issue when they charged that faculty “screamed at women students” and threatened the women with academic probation. Consequently, they affirmed that an adversarial relationship between faculty and students evolved.<sup>31</sup> As a result of these allegations and a subsequent inspector general review, faculty added instruction to the Anesthesia Course Program of Instruction designed



to raise consciousness about sexual harassment. Moreover, anesthesia students and faculty participated in Prevention of Sexual Harassment classes.<sup>32</sup> Sexual harassment of both female and male soldiers has always been a grave issue in the military; however, only in the recent past has it been treated as a serious offense detrimental to unit performance and morale.

As the injustice of sexual harassment ultimately had to be rectified, so too did the inequities accorded to racial minorities have to be eliminated. Additionally, the Army had to acknowledge the valuable contributions made by African-American Army Nurse Corps officers. Just as the women's movement and the curtailment of the draft opened doors in the military for women, it also offered greater prospects for minorities, particularly for African-American women. Minority women have made valuable contributions and great strides in the Army Nurse Corps. During the Corps first half-century, the Army allowed few African-American nurses to serve, and they found themselves scarcely welcomed. With the lowering of some barriers, the numbers of African-American women serving in the military expanded and correspondingly increased in the Army Nurse Corps. For all intents and purposes, however, the predominantly white Army begrudgingly allowed their integration only after African-American activists and supporters exerted extreme political pressure. African-American nurses in the segregated Army were merely tolerated during times of national emergency, that is, during the war years. In the second half of the 20th century, however, Truman's Executive Order No. 9981 partially resolved the deep-seated social injustice but, again, only gradually—at a snail's pace—and as a result of strenuous efforts expended by a number of courageous individuals with vested interests in securing social justice for all.

With the passage of time, the presence of African-Americans increased. There were only 131 African-Americans in the Army Nurse Corps in 1972, representing 3 percent of the Corps total strength.<sup>33</sup> By 1993, many more African-American nurses were Army Nurse Corps officers. Their strength, which included both male and female nurses, had grown to an impressive 16.4 percent.<sup>34</sup> In 1971, African-American women accounted for 3.3 percent of all female officers on active duty in all branches. By 1989, that figure had risen to 13.2 percent.<sup>35</sup>

Credit for the greater presence of minorities can be partially attributed to the Army's increased attention to its equal opportunity/race relations programs. Efforts in the early 1970s to sponsor measures "to ensure fairness, justice, and equity for all soldiers regardless of race, color, ethnicity, gender, or religion" incorporated elements such as "affirmative action, education and training" and a research component to evaluate the program's effectiveness.<sup>36</sup>

The ROCKS was an independent volunteer program that also worked to enhance professional advancement for African-Americans in the Army. Commemorating the Army service of General Roscoe (Rock) C. Cartwright, the group of senior African-American Army officers mentored and guided junior officers and ROTC cadets in historically black colleges and universities. A number of African-American Army nurses participated in this endeavor and supported and facilitated the careers of many potential and newly commissioned Army Nurse Corps lieutenants.<sup>37</sup>



While she served as chief nurse, European Medical Command and deputy commander for nursing, Landstuhl Regional Medical Center, Colonel Lucretia McClenney also was the first female president of the ROCKS European Chapter. McClenney, center, is pictured here in the fall of 1999 at a dining out with Brigadier General Michael Kussman, commanding general of European Medical Command, left, and Command Sergeant Major Paul Cervantes, right.

Photo courtesy of Colonel Lucretia McClenney, Alexandria, VA.

Brigadier General Clara Adams-Ender, chief of the Army Nurse Corps from 1987 to 1991, served as the first female president of ROCKS. Lieutenant Colonel Joyce Johnson-Bowles served a term as the first female vice president.<sup>38</sup> Colonel Lucretia McClenney worked with students at Morgan State University in Baltimore, Maryland. She served in various recruitment and retention activities, acted as a role model for Army ROTC cadets, and met with the professor of military science and his cadre and the university president to solicit support for Army ROTC cadets. Her work, combined with that of others on her team, resulted in the university's granting "free room and board to 4-year Army ROTC scholarship recipients" and awarding "academic credit for ROTC leadership and training courses." The ROCKS' European chapter elected McClenney as its first president. She guided the organization in mentoring company grade (captain and below) officers and in initiating a yearly scholarship for students in the DoD school system.<sup>39</sup>

Colonel Margaret Bailey was in the vanguard of the integration movement. In January 1970, she was the first African-American woman to be promoted to colonel.<sup>40</sup> Bailey was an exemplary professional officer, and her contributions to the Army Nurse Corps continued on after her retirement in 1972. In retirement, she was a consultant to the surgeon general and charged with promoting "increased



Colonel Margaret Bailey was the first African-American Army nurse promoted to colonel (January 1970).

Photo courtesy of Army Nurse Corps Archives, Office of Medical History, Falls Church, VA.

participation by minority group members in the Army Nurse Corps recruitment programs.”<sup>41</sup> Bailey joined then-major Clara Adams (now Adams-Ender), another African-American, and their endeavors on behalf of affirmative action involved traveling about the country to promote racial equality in the Corps. The women searched for qualified African-American students to matriculate in the Walter Reed Army Institute of Nursing at a time when that program was under fire from black activists such as United Blacks Against Discrimination for failing to maintain minority representation.<sup>42</sup>

Colonel Hazel W. Johnson was another trailblazer who overcame racial prejudice to excel in the Army Nurse Corps. In June 1979, Johnson was the first African-American woman in DoD to be promoted to brigadier general. Additionally, she was the first officer to hold a doctorate in nursing to serve as the chief of the Army Nurse Corps.<sup>43</sup> Clearly Johnson was an outstanding professional officer who overcame great obstacles to make enormous contributions to the Army and the nation.

African-Americans never easily achieved upward career mobility. Neither could they effortlessly rise to the levels of major professional achievements. More often than not, the minority nurse had to carefully negotiate what seemed to be an unending series of hurdles. Many opted not to fight the system, but those who did, did so with a rare combination of audacity and grace that added much to the Army Nurse Corps.

In 1979, before her selection as chief nurse of the 97th General Hospital in Frankfurt, Germany, the commander of that military treatment facility ordered a newly promoted Colonel Clara Adams (now Adams-Ender) in for an interview. The commander told Adams that he regarded her as doubly inferior because she was both an African-American and a nurse. He admonished her to always keep two dictums in mind. His first statement directed Adams to remember that “no matter how good you are, because you’re black you’ll never be as good as a white person.” Secondly, he decreed, she must understand “that in any difference of opinion between nurses and physicians, the physician is always right.” At this point in the interview, Adams took a calming breath and replied:

“Sir, in terms of your first comment, I’m going to give you an opportunity to demonstrate your point whenever you see fit. And I will call upon you as our commander to support the department of nursing. But if you ever stumble, and let anyone else know that’s the way you feel about me, I’ll slap a class action suit on you so fast it’ll make your head swim. And as for that thing about physicians always being right, I won’t even grace that with a comment.”<sup>44</sup>

Despite these belligerent beginnings, Adams recalled that their association developed into “a good working relationship.” Whether or not the commander’s perception of her personal qualities improved, “he never behaved otherwise.” She said, “That’s all I really cared about.”<sup>45</sup> Adams continued to rise above the glass ceiling of racial suppression to achieve the rank of brigadier general and lead the Army Nurse Corps. Following her tenure as chief of the Army Nurse Corps, Adams-Ender remained on active duty and served as post commander of Fort Belvoir, Virginia.

## Notes

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